plates have resulted in pronounced scarring of the skin over nasal bones.

Clinical recognition by measuring the intercanthal distance and early open surgical reduction by wiring of the fragments either to themselves or to the stable frontal bone has resulted in a decided improvement in acceptable facial appearance. If the medial canthal ligaments are detached, they must be separately resutured to their bony attachments before interosseous fixation if the desired correction is to be achieved. A big factor in good correction is prompt diagnosis.

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Dissociative Anesthesia

Dissociative anesthesia is a different type of anesthetic state characterized by pronounced, analgesia, amnesia and catalepsy which is brought about by intravenous or intramuscular administration of ketamine (Ketaject® or Ketalar®). With appropriate doses, operating conditions can be produced without respiratory or circulatory depression. Pharyngeal and laryngeal reflexes tend to remain active and a patent airway is maintained even during surgical anesthesia. Duration of anesthetic action is brief, being 10 to 15 minutes for intravenous and 20 to 30 minutes for intramuscular doses. Disadvantages are (1) pronounced elevation of blood pressure in about 10 percent of adults, (2) aimless movements during anesthesia, and (3) dream states for an hour or so after anesthesia. Dissociative anesthesia has been found especially useful for frequent extensive wound dressings such as for burns, for operations during which use of an artificial airway is contraindicated and for short procedures in children who do not seem to be disturbed by the post-anesthetic dream state.

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